

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

REVIEW OUTCOME:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X with a history of X from X. The mechanism of injury was X. The current diagnoses were documented as X. X included the X. Prior relevant treatment included X.

An X of the X without X dated X noted X with X. There was no evidence of X or X at X. The patient had X.

The patient was seen on X with X of X.

When the patient was seen on X, X presented with X. The patient stated that X and X, X to X, but X were X by X such as X.

Objectively, X revealed X. X was X to X and X. There was X. X of the X were X. X was X as X. The treatment plan included an X.

The prior determination dated X denied the request for X stating that records documented the same presentation since X. In addition, even when X was reported, the patient's X documented X, with the patient reporting X in the X encounter. There was no X and X from X noted absence of X and X was not confirmed. Repeat X was not

supported unless there had been X, and X was X. The current request submitted was for a X of X. This review pertains to X.

**ANALYSIS AND EXPLANATION OF THE DECISION
INCLUDE CLINICAL BASIS, FINDINGS, AND
CONCLUSIONS USED TO SUPPORT THE DECISION:**

According to the Official Disability Guidelines, a X is recommended to determine next treatment steps if X. The documentation provided for the review noted the patient presented with X. X examination noted X. Given that X examination noted X that would support a X. Therefore, the request for X is medically necessary. The prior determination is overturned.

SOURCE OF REVIEW CRITERIA:

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- AHRQ – Agency for Healthcare Research & Quality Guidelines
- DWC – Division of Workers’ Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and Expertise in Accordance with Accepted Medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG- Official Disability Guidelines & Treatment Guidelines
- Presley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
- Other Evidence Based, Scientifically Valid, Outcome Focused

Guidelines (Provide a Description)

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